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CONFIRMATION NO. 5759

|   |   |                                    |   |   |                                |
|---|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/550,012  | <b>FILING OR 371(c) DATE</b><br>12/27/2006<br><b>RULE</b>   | <b>CLASS</b><br>105                | <b>GROUP ART UNIT</b><br>3617   | <b>ATTORNEY DOCKET NO.</b><br>566/44299 |                                |
| <b>APPLICANTS</b><br>Andreas Tazreiter, Waidhofen, AUSTRIA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/01667 02/20/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>AUSTRIA A 472/2003 03/25/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/21/2007</b>                     |   |                                    |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>AUSTRIA | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>6                | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>23646   |   |                                    |   |   |                                |
| <b>TITLE</b><br>RETRACTABLE STEP  |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |

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